Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RATE	FEE		RATE	FEE
FOR				24 NUMBER FILED		ER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			⊋4 minus 20=		*		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		*		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	ESENT				+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	TOTAL			TOTAL	
CLAIMS AS AMENDED - PART II									' 	OTHER	
_	(Column 1)		(Colur			(Column 3)	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CLAIM	=	X42=		OR	X84=	
┞	FIRST FRESE	INTATION OF IM	JEIN CE DEI	LINDLIN	T OLANI		+140=		OR	+280=	
-							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT. FEE		•	ADDIT: I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	!	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A 114	=	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	II CLAIM		+140=		OR	+280=	
Ì			TOTAL ADDIT. FEE	-	OR	TOTAL ADDIT, FEE					
		(Column 3)	7,0011.1 22		-	7,0011.122					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	pendent * Minus *** ST PRESENTATION OF MULTIPLE DEPENDEN		IT CLAIM	-	X42=		OR	X84=		
	FIRST PRESENTATION OF MIDLIFLE DEPENDENT CLAIM								OR	+280=	
		umn 1 is less than t					+140= TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											<u> </u>



PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD A01153US OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE **FEE BASIC FEE** \$ 370 OR 740 370 (37 CFR 1.16(a)) TOTAL CLAIMS 24 minus 20 = 4 OR x \$18 = x \$**9** 36 INDEPENDENT CLAIMS x 42= minus 3 = OR x84_= 3 126 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 140 OR 280= 532.d TOTAL **0**0R TOTAL ◆ If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR SMALL ENTITY (Column I) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL TIONAL RATE **AMENDMENT EXTRA** AFTER **PREVIOUSLY FEE** FEE AMENDMENT PAID FOR OR Total Minus c S (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER **RATE** TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR *** Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **RATE** TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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